

**RENEWAL CHECK OFF LIST B-1**

**EMPLOYEE NAME:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THERE ARE COPIES OF THE FOLLOWING FORMS IN THE CONTRACT FILE LOCATED IN THE EMPLOYING UNIT FOR THE ABOVE-NAMED EMPLOYEE. ***FORMS REQUIRING UPDATED INFORMATION, HAVE BEEN UPDATED, AND A COPY IS ATTACHED TO THIS CHECK OFF LIST:***

- \_\_\_\_ RECORD OF EMPLOYMENT REFERENCE CHECK(S)
- \_\_\_\_ FORM I-9 (DOCUMENTATION IS CURRENT, I.E., NOT EXPIRED)
- \_\_\_\_ AUTHORITY FOR RELEASE OF INFORMATION FORM
- \_\_\_\_ CRIMINAL CONVICTION REPORT FORM
- \_\_\_\_ CRIMINAL BACKGROUND CHECK FORM
- \_\_\_\_ COMBINED IRMA POLICY ACKNOWLEDGMENT FORM
- \_\_\_\_ STATE OF MARYLAND SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT FORM
- \_\_\_\_ DRUG TESTING REQUIREMENT (SENSITIVE CLASSIFICATIONS ONLY)
- \_\_\_\_ DRIVER ACKNOWLEDGMENT FORM
- \_\_\_\_ SEXUAL HARASSMENT FORM
- \_\_\_\_ HEALTH BENEFITS ELECTION FORM
- \_\_\_\_ MARYLAND NEW HIRE REGISTRY REPORTING FORM OR CONFIRMATION #
- \_\_\_\_ DOMESTIC VIOLENCE ACKNOWLEDGMENT FORM
- \_\_\_\_ EQUAL OPPORTUNITY APPLICANT DATA FORM
- \_\_\_\_ REQUEST FOR STATE I.D. BADGE (STATE OFFICE COMPLEX EMPLOYEES)

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**CONTRACT ADMINISTRATOR/PERSONNEL LIAISON\***

\_\_\_\_\_  
**DATE**

\*MUST BE ORIGINAL SIGNATURE

REVISED 3/2003